LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH



CODE OF CONDUCT ACKNOWLEDGEMENT

I,	, have received a copy of	the CODE OF
ORGANIZATIONAL CONDUCT, ETHICS, A	ND COMPLIANCE (CCEC).	I understand
it is my responsibility to read, understand, and adhere to the County and the department		
policies and procedures described therein.	Should I not understand co	ontents of the
CCEC I will consult with my supervisor.		
Employee Signature	Date	
Employee Number		
Routing: Original: Personnel File		